

**REISSUE APPLICATION: CONSENT OF ASSIGNEE;  
STATEMENT OF NON-ASSIGNMENT**

Docket No: S-9

This is part of the application for a reissue patent based on the original patent identifier below.

**Patent Number**  
6,602,248

**Date of Patent Issued**  
August 5, 2003

**Title of Invention**  
Methods For Repairing Damaged Intervertebral Discs

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are ArthroCare Corporation, and the assignee(s) consents to the accompanying application for reissue.

**Name of assignee/inventor (if not assigned)**

*ArthroCare Corporation*

**Signature**



**Date**

*10/8/03*

**Typed or printed name and title of person signing for assignee (if assigned)**

Michael A. Baker, President and CEO